

CONFERENCE REGISTRATION

Chicago, Illinois
March 21-25, 2026

Use one form per registrant. All sections on this form must be completed to process registration.

INFORMATION

Preferred Name On Badge

Name _____ ☐ MTNA Member

Address _____ Phone (____) _____

City/State/Province _____ Zip/Postal Code _____

Studio/Institution/Company _____ Email _____

Emergency Contact Name and Phone Number _____

☐ Check here if this is your first MTNA Conference.

☐ Check here if you are a new member.

FEES

Rates will change after 12:00 MIDNIGHT Eastern Time

Conference Registration

Conference Registration	On or before 12/15/25	After 12/15/25 and on or before 2/5/26	After 2/5/26	Amount	
<input type="checkbox"/> Active MTNA Member	\$445	\$495	\$545	\$	
<input type="checkbox"/> MTNA Collegiate Member	\$105	\$120	\$135	\$	
<input type="checkbox"/> Collegiate Volunteer (must serve as volunteer for 6 hours; deadline 1/30/26—collegiate members only)	\$ 0	\$ 0	Not Available	\$	
<input type="checkbox"/> Nonmember (includes registration and 2026-2027 active membership-new members only)	\$645	\$695	\$745	\$	
<input type="checkbox"/> Collegiate Nonmember (includes registration and 2026-2027 collegiate membership-new members only)	\$145	\$160	\$175	\$	
<input type="checkbox"/> Sponsor a Collegiate Member	\$105	\$120	\$135	\$	
Single-Day Registration	Member	Nonmember	Collegiate	Nonmember Collegiate	
<input type="checkbox"/> One-day registration	\$225	\$295	\$60	\$95	\$

Specify day for single-day registration: _____

Pre-Conference Workshop (Workshop fee and minimum single-day conference registration required.)

	Fee	Amount
Pedagogy Saturday (Fee includes attendance at any/all tracks)	Saturday, March 21	\$145 \$
Pedagogy Saturday/Collegiate Member (Fee includes attendance at any/all tracks)	Saturday, March 21	\$ 60 \$

Events (Admission to evening recitals is complimentary.)

	Fee	Quantity	Amount
Conference Gala Monday, March 23 (ticket required)	\$150		\$
MTNA Awards Brunch Wednesday, March 25 (ticket required)	\$ 75		\$
<input type="checkbox"/> Check here if you have specific dietary needs for the events you have purchased.			
<input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Gluten-free <input type="checkbox"/> Seafood/Shellfish allergy <input type="checkbox"/> Other:			
Commemorative MTNA Competition Program Book (Includes competitors names and photos)	\$ 20		\$

Total Fees Enclosed* (U.S. Dollars)

\$

☐ Check (Payable to MTNA in U.S. funds) ☐ Master Card ☐ Visa ☐ American Express

Number _____ Exp. Date _____ Security Code _____

Signature _____ (3-4 digit code on front or back of card)

Billing Information: (if different than above)

Name _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Register online at www.mtna.org or mail this entire form with your payment to:
MTNA, Attn: National Conference, 600 Vine St., Ste. 1710, Cincinnati, OH 45202 Phone: (888) 512-5278.

By registering for the MTNA Conference, I agree that I have read, understand and will follow all of the MTNA Conference Policies
as outlined at www.mtna.org/conference/conference_policies.aspx.